

PROPERTY AND CASUALTY FILING SUMMARY

COMPANY NAME		SC COMPANY CODE NUMBER				
1. Enter Line of Insurance (See Insurance Line Code List Below) <div style="display: flex; justify-content: space-between; font-size: small;"> <div>51-Fire & Allied Lines 52-Home, Farm & Mobile Owner 53-Commercial MP</div> <div>54-Marine 56 -Worker's Compensation 57-All Liability (Non-Auto)</div> <div>58-Auto (All Lines) 60-Aircraft 61-Fidelity & Surety</div> <div>62- Misc. Casualty 63-Mortgage Guaranty 64-Title</div> <div>65. Financial Guaranty 98-All Other Lines</div> </div>		INSURANCE LINE NUMBER				
2. Enter Type Filing (Place "X" in proper boxes) If Automobile Filing, provide changes by coverage on separate page. If Private Passenger Auto Rate Filing, completed Form S must be included for proposed rates.		FORMS				
		RULES				
		RATES				
3. Will any S.C. Policyholder receive a premium increase as a result of this Filing? (Place "X" in proper box and enter overall +/- Percent of Change.)		1-Yes		OVERALL PERCENT CHANGE		
		2-No				
4. Does this Filing utilize a Rating Organization's Rates or Loss Costs? (Place "X" in proper box. If answer is "NO" continue with item #5.		1-Yes		FILING DESIGNATION NUMBER		
		2-No				
RATING ORG. NAME		SC RATING ORG. CODE #				
4a. Does this Filing modify Rates or Loss Costs as submitted by Rating Organization? (Place "X" in proper box.)		1 -Yes				
		2-No				
5. Enter the most recent available calendar year's Written and Earned Premiums in South Carolina for this Line of Insurance.		Written Premium				
		Earned Premium				
		Year Written				
6. Enter the approximate percent of market share in S.C. for this type of insurance.		% MARKET SHARE				
7. Enter the Date and Percent of Change for each of the last two rate revisions for this Line of Insurance.		FILING DATE	M	D	Y	% RATE
		FILING = 1				
		FILING = 2				
8. Briefly describe this Filing, reason for filing, its effects, the Lines of Insurance affected and other information needed to describe the Filing,						
9. Provide the following information for the Filing's contact person:						DEPT. USE
NAME						
TITLE						
ADDRESS						
CITY / ST ZIP						
TEL. NO.						

THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED IN DUPLICATE; OTHERWISE, FILING WILL BE DELAYED.